

هو الشافي

# The Postpartum Mom

فاطمه رنجکش

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# Postpartum or Puerperium

- Period of 6 wks after delivery during which the reproductive system and the body returns to normal

immediate--first 24 hrs

early--first week

late--2nd to 6th week

# Dramatic Changes in every body system

- **While Changes are normal, in no other period of life is there such marked and rapid catabolism**
- **Wt. Loss of 7-9 Kg. Possibly more if breastfeeding.**

# Uterine Involution

- Blood vessels contract, uterus shrinks
- Involutates at 1cm/day
- Below the symphysis by 10-12 days
- Process for involution=autolysis of protein
  - 1000gm at delivery, 60gm at 6 wks pp

# Lochia

- Vaginal discharge after delivery, composed of leukocytes, epithelial cells, decidua, autolysed protein and bacteria.

- Rubra--delivery to 3rd day
- Serosa--days 4-10
- Alba--10--several weeks post delivery

Assess color, amt, clots

# Breast Changes

- Colostrum secreted from third tri.
- Milk--lactation 3rd pp day
- Engorgement from increased vascular and lymphatic circulation
- Decreased/absent placental hormones cause prolactin to be secreted=lactation
- Check breasts for engorgement, nipple cracks, soreness

# Perineal Changes

- Episiotomy--subcuticular sutures
- Pain for 24-48 hrs
  - ice for 24 hrs then heat (sitz baths)
  - Analgesics, systemic and topical
  - Keep clean--perineal care



## - **A bruised and oedematous Perineum**

### Box 8.1 Benefits of cold therapy for recent injuries

- reduction in bleeding
- reduction in swelling
- alleviation of pain
- releases of local endorphins
- reduction of muscle spasm

# Evaluate Episiotomy or Perineal lac. for REEDA

- **Redness**
- **Edema**
- **Ecchymosis**
- **Drainage**
- **Approximation**

# Vaginal Changes

- rugae absent--return in 3 wks
- edematous--venous congestion for 3 days
- distention--decreases but never back to nulliparous state
- labia flabby, improve but never back to nulliparous state

# Urinary Elimination

- Bladder Changes
  - edema and hyperemia
  - increased capacity, decreased sensitivity
  - overdistension with incomplete emptying
  - urethral trauma may cause dysuria

Note, transient glycosuria, proteinuria, and ketonuria are normal in immediate pp. period.

# Bowel Elimination

## Constipation r/t

- decreased peristalsis
- decreased intra abdominal pressure
- hemorrhoidal discomfort
- perineal discomfort

Increase roughage and fluids, laxatives and suppositories--bowels normal by 1wk pp

# Endocrine Changes

- Placental estrogen and progesterone removed
- Prolactin increases, esp in breastfeeding women
- Estrogen begins to increase to follicular levels at 3-4 wks p. Delivery
- Menstruation returns--6 wks not breastfeeding, 2-18 mos breastfeeding

# Cardiovascular Changes

- **Blood volume goes rapidly from hypervolemia to hypovolemia**
  - **blood loss  $\cong$ 400-500cc vaginal delivery**  
 **$\cong$ 700-1000 cc Csection**

# Blood Components

- ↓↓ HCT (down 4pts for each pt blood lost)
- ↑↑ Leucocytes(15,000 to 30,000 mm<sup>3</sup>)
- ↓↓ Lymphocytes
- ↑↑ Fibrinogen--risk of thrombophlebitis
- ↑↑ ESR



# Vital Signs

- BP first ↑↑ then ↓↓
  - increases during uterine massage/pain
  - if PIH may stay elevated
  - orthostatic hypotension common
- Temp first ↓↓ then ↑↑
- P-- ↓↓
- R-- ↓↓

# Other changes

Postpartum Chill

Shaking chill due to vasomotor instability

Postpartum diaphoresis

night sweats

# Sleep and Rest Patterns

- Sleep and rest patterns disrupted during third trimester and continue to be disrupted during pp period
  - excitement
  - anxiety
  - discomfort
  - baby feedings

# Psychological Changes

The new mother must move from dependent to independent in a short time

Reva Rubins three stages of the postpartum

- Taking in
- Taking hold
- Letting go (taking over)

# Taking in phase

- Focused on self (not infant)
- dependent on others for help in care
- needs assistance
- decision making difficult
- comfort-rest-food needs paramount
- relives delivery experience

May last for several hours or days

# Taking hold phase

- Moving from dependence to independence
- ↑ energy level
- ↑ focus on infant
- self care, focus on bowels, bladder, brfeed
- responds to instruction, praise

Lasts from 2days to 1wk

# Letting go phase

- Giving up previous role
- See self as separate from infant
- Give up fantasy delivery and baby
- Readjustment
- Depression and grief work
- from 1wk→

# Overview

- Postpartum blues
  - Highly sensitive period up to 2 weeks after birth.
  - About 50-85% of women experience this.
- Postpartum depression
  - Major depression that lasts for at least 2 weeks
  - About 10-15% of women develop this.
- Postpartum Psychosis
  - Severe form of postpartum depression
  - 1/1,000 women develop this.



# Major Depressive Disorder

- ◎ 5 or more symptoms during same 2 week period
  - Depressed, sad or irritable mood
  - Diminished pleasure in activities
  - Weight loss or gain
  - Insomnia or hypersomnia
  - Increased or slowness in movement
  - Fatigue
  - Feelings of worthlessness; Guilt
  - Poor concentration; Indecisiveness
  - Recurrent thoughts of death
  - 2 weeks to 6-12 months postpartum

# Dysthymic Disorder

- Depressed mood for most days of the week for 2 years or more
- At least 2 of the symptoms of Major Depressive Disorder
- Little time feeling well

# Risks for Postpartum Depression

- Previous history of depression, especially during pregnancy
- Poor social support
- Stressful life events
- Obstetrical complications
- Single
- Low-income
- Adolescent mother

# Treatment for Depression

- A combination of antidepressant medication and psychotherapy is considered to be the treatment of choice for MDD.
- Evidence with adolescents is far behind that with adults.

# Abdominal Musculature

- ↓↓ muscle tone--soft, weak, flabby
- diastasis recti remains

(other muscles may be weak due to the exertion of delivery and lactic acidosis)

# Musculoskeletal Conditions seen in Pregnancy and Postpartum

- bony pelvic malalignment
- perineal trauma
- diastasis recti, abdominal trauma
- change in arch support, ligamentous support of feet and ankles
- malalignment of ribs
- back pain related to poor posture, infant care

# Pelvic Malalignment

- Symptoms: antalgic gait, pain with unilateral weight bearing, transitional pain, dyspareunia, generalized low back and buttock pain
- Treatments: postural realignment, binders, massage, ice/heat, stabilization exercises, PT referral

# Back Pain

- Posture, Posture, Posture
- Exercise
- Heat/Ice
- Ergonomic Changes (carrying and lifting, child care)
- Weight control
- Breast support



# Perineal Trauma

- Alternate Ice (frozen sanitary napkins) and heat
- Scar massage (starting 2-3 weeks after delivery)
- Ultrasound (need PT referral)
- donuts (to sit on)
- Instruct patient in kegel exercises
- Early movement

# Diastasis Recti

- Separation of rectus abdominus from external obliques at linea alba.
- To Measure: have patient in supine, lifting head and scapula off of table.
- Measure 4 cm above, at, and 4cm. below umbilicus: determine separation width using of finger breadth.
- Measure at rest and contracted. Must have a measured width and depth to be a diastasis recti.

# Pelvic Floor Rehab

- 80% of all pregnant/postpartum women experience some form of incontinence during pregnancy.
- To counter these effects, Dr. Arnold Kegel, a gynecologist, advocated in the 1940's for teaching women of childbearing years how to do these exercises
- The use of PFE's is the main non-surgical treatment for UI and has been shown to be more than 80% effective.

## PFE's (Kegels)

- The aim of Kegel exercises is to improve muscle tone by strengthening the pubococcygeus muscles of the pelvic floor
- Kegel exercises are said to be good for treating vaginal prolapse and preventing uterine prolapse
- Kegel exercises may be beneficial in treating urinary incontinence

# Pelvic exercise regimen

- One Kegel exercise consists of both "tightening and relaxing". It is equally important to control when your muscle tightens and relaxes. Therefore, you should relax for the same amount of time you tighten. Be sure to relax completely between each muscle tightening. Tighten your pelvic muscle and hold for a count of 3 seconds, then relax the muscle completely for a count of 3 seconds. Over time you will increase tightening the muscle to 5 - 10 seconds and even longer.

# Where to practice pelvic muscle exercises

- You can practice pelvic exercises anywhere and anytime
- **Sitting.**  
Sit upright in a firm seat and straight-back chair, knees slightly apart, feet flat on the floor or legs stretched out in front and crossed at the ankles.
- **Lying Down.**  
Lie on your back, flat or with your head on a pillow, knees bent and feet slightly apart. It is helpful to support your knees with a pillow.
- **Standing.**  
Stand by a chair, knees slightly bent with feet shoulder width apart and toes slightly pointed outward. You can also lean on the kitchen counter with your hips flexed.

# Common mistakes in doing Kegel exercises

- Concentrate and tighten (lift) only the pelvic floor muscle. DO NOT tighten leg muscles (thighs), buttocks or abdomen. If you feel your stomach move, then you are also using these muscles.
- DO NOT hold your breath. Breathe normally and/or count out loud.

# When will a change be seen?

- After 4 to 6 weeks of daily Kegel exercises, you will begin to notice less urine leakage. Make the exercises part of your daily lifestyle. Tighten the muscle when you walk, as you stand up.

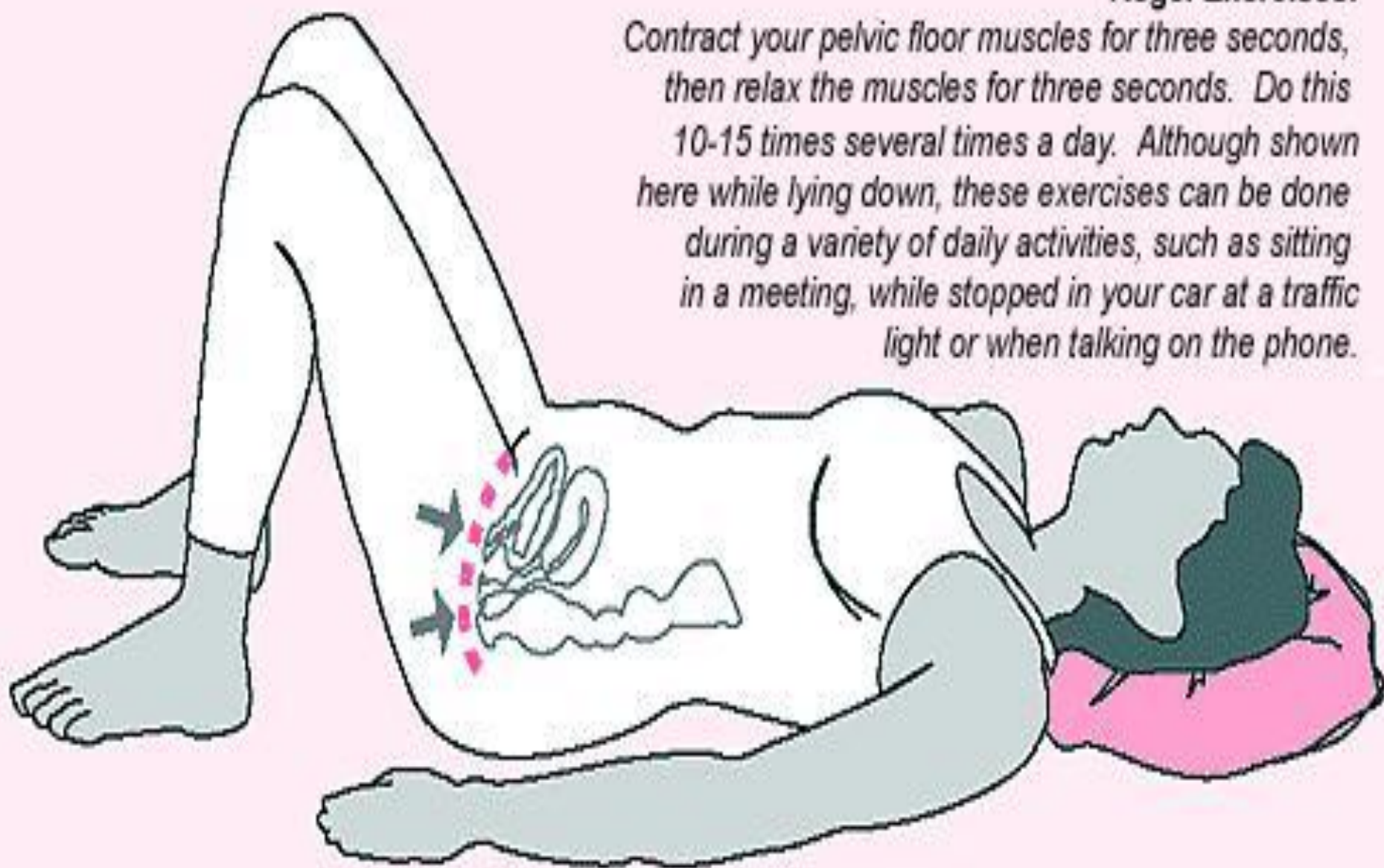


# HOW DO I IDENTIFY MY PELVIC MUSCLES?

- To identify your pelvic muscles:
- 1. Voluntarily stop the stream of urine.
- 2. Tighten the muscles that are used to hold back gas when you don't want to pass it. HOW DO I KNOW I AM USING THE CORRECT MUSCLES? Begin by urinating. While the urine stream is flowing, voluntarily stop the stream and count to five; then begin to urinate again. Repeat the steps twice. Never use your stomach, leg, or buttocks muscles. Exercising these muscles will not help you to regain urinary control. To find out if you are also contracting your stomach muscle, place your hand on your abdomen while you squeeze your pelvic muscle. If you feel your abdomen move, you are using the wrong muscles.

## Kegel Exercises:

Contract your pelvic floor muscles for three seconds, then relax the muscles for three seconds. Do this 10-15 times several times a day. Although shown here while lying down, these exercises can be done during a variety of daily activities, such as sitting in a meeting, while stopped in your car at a traffic light or when talking on the phone.



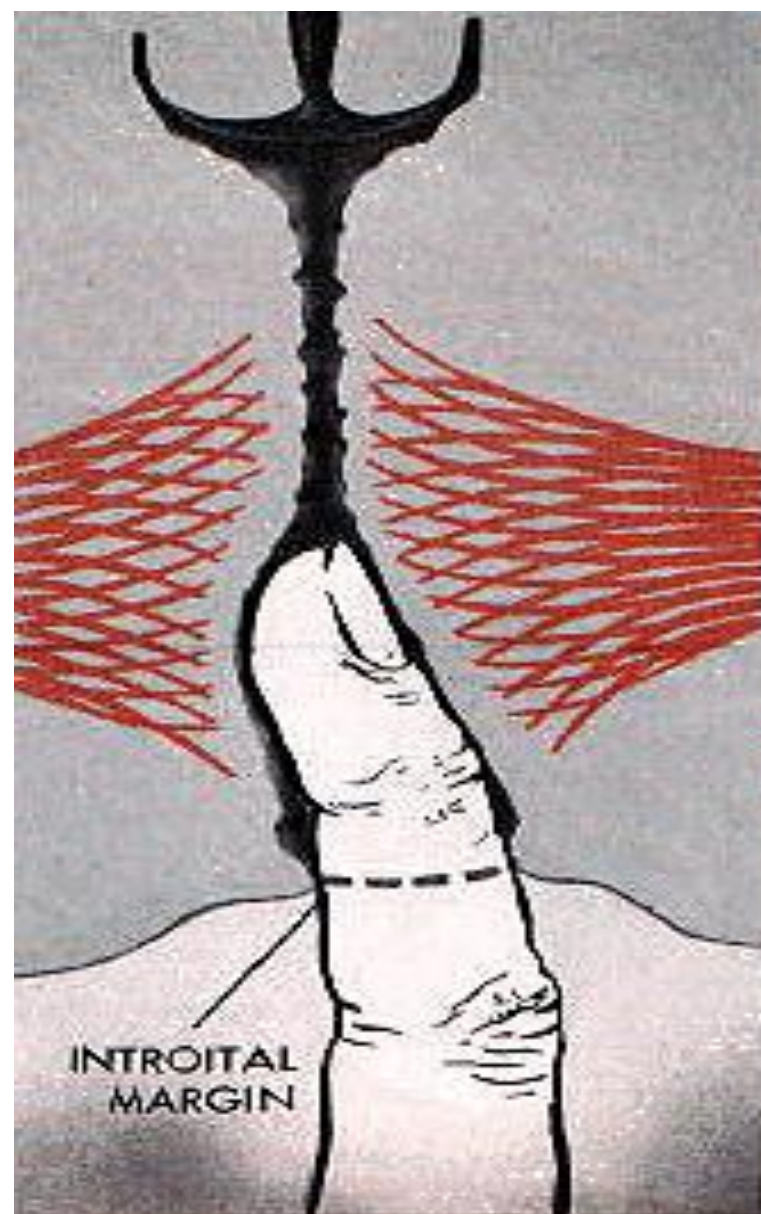


FIGURE 9



FIGURE 10

# Kegets

- ⦿ Make sure patient is breathing through contractions of pelvic floor muscles. (Can be difficult post-cesarean)
- ⦿ Teach patient about accessory muscles (abdominals, gluteals)
- ⦿ Rest hand on patient's abdominal to make sure they are not contracting those muscles
- ⦿ For patient with very weak musculature, you can teach overflow exercises using hip adductor muscles

# Benefits of PFE's

- Exercised muscles recover better from trauma.  
(Cesarean deliveries, episiotomies, forceps/vacuum, prolonged second stage of labor, etc.)
- Decreased swelling and pain in perineum
- Prevention and/treatment of Urinary Incontinence
- Improved sex life

- مادر چند ساعت پس از زایمان و با نظر عامل زایمان می تواند از بستر برخیزد در ابتدا شیوه ایستادن و راه رفتن وی به دلیل زایمان نادرست است بنابراین توصیه می شود، بر روی تخت دراز کشیده یک بالش زیر سر بگذارد و همزمان سر را به بالا و پاها را به پایین تخت بکشد. بدین ترتیب انحنای ستون فقرات اصلاح می شود. بعد از چند بار تمرین این کار را در حالت ایستاده نیز می تواند انجام دهد.

بعد از زایمان تا ۶ هفته از انجام کارهای زیر خودداری  
کند

۱. ایستادن طولانی مدت

۲. حمل اشیاء سنگین

۳. دویدن – پریدن

۴. ورزش های سنگین

۵. بلند کردن همزمان دو پادرو وضعیت طاق باز یا  
به پهلو

۶. صاف نشستن با پای کشیده



# Post natal exercises following normal delivery

## → Circulatory exercises

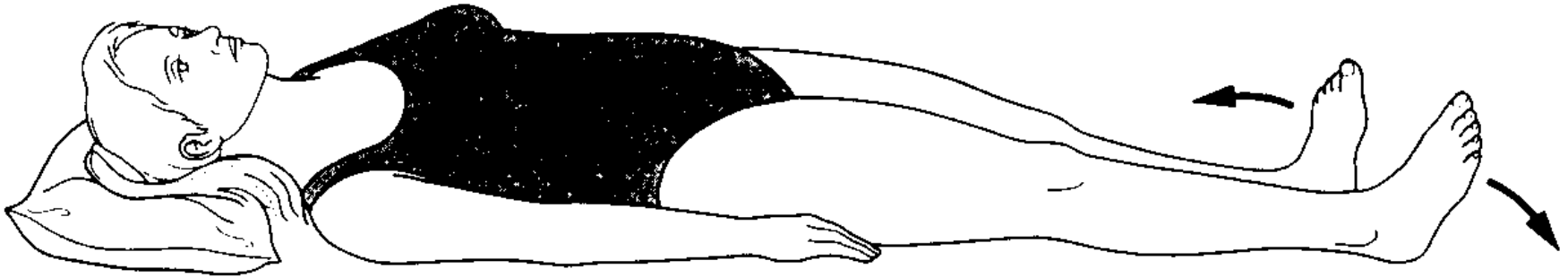


Figure 9.1 Foot exercises.

## → The pelvic floor exercise



**→ Circulatory exercises**



**Figure 9.2 Transversus exercise.**

## → Pelvic tilting

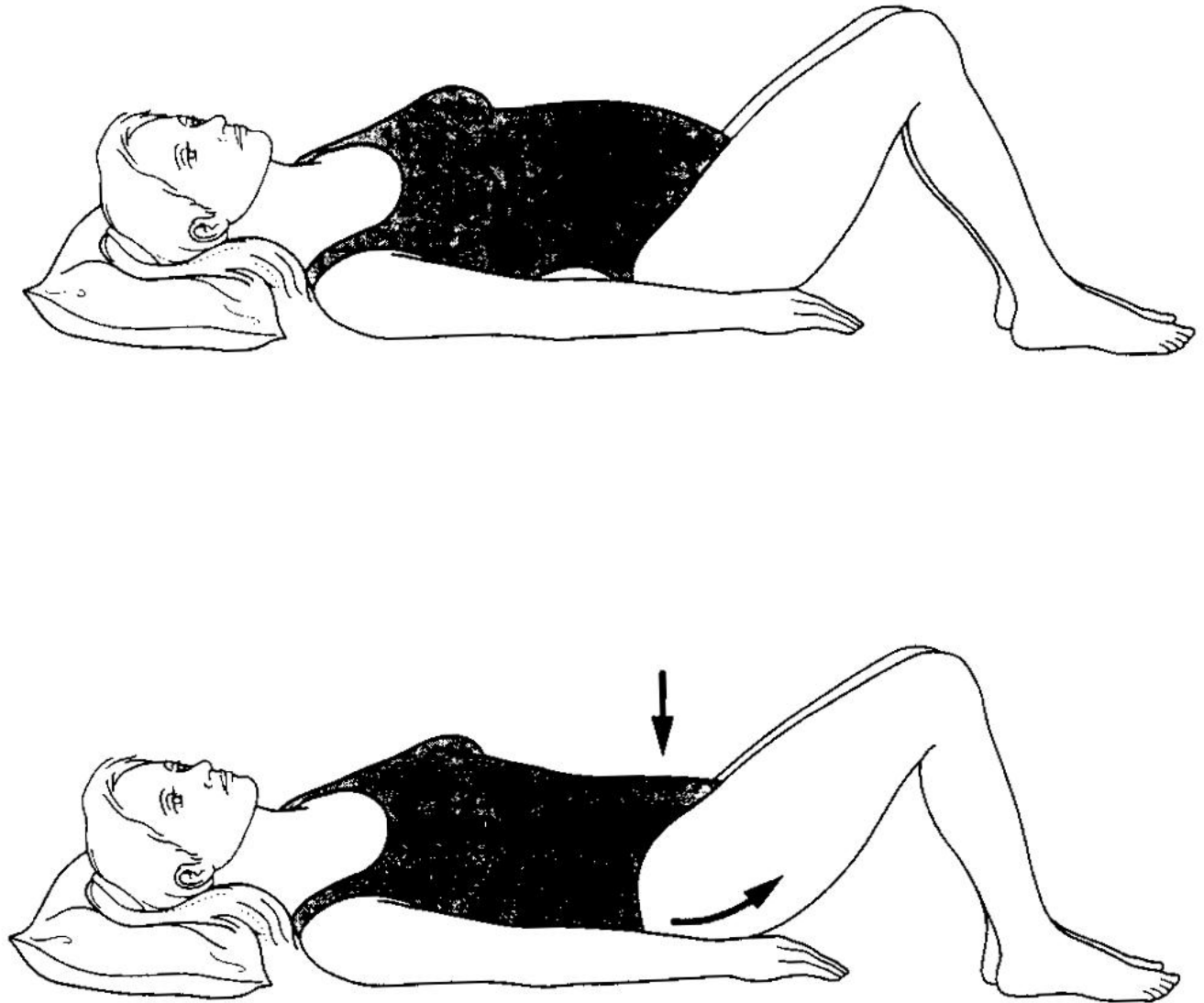


Figure 9.3 Pelvic tilting exercise.

## → Rectus exercises (Rectus Check)

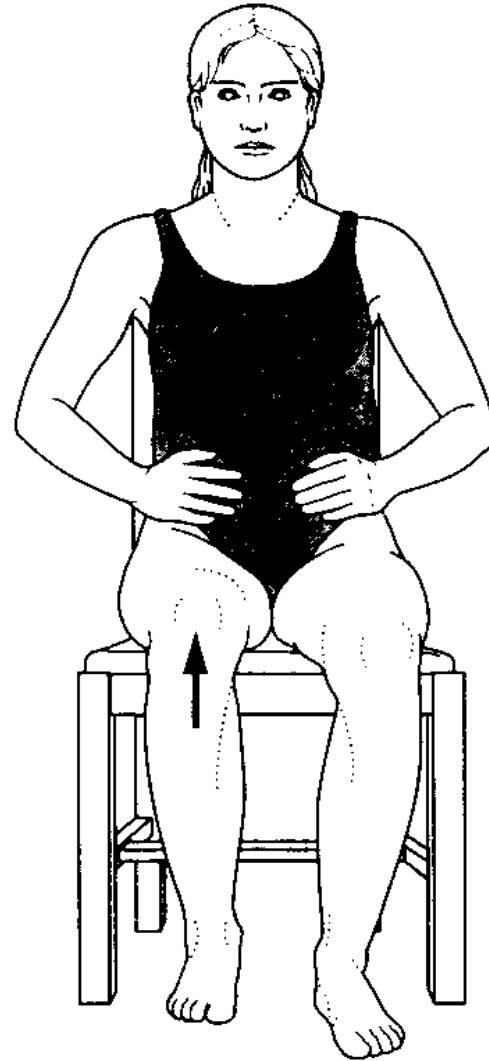
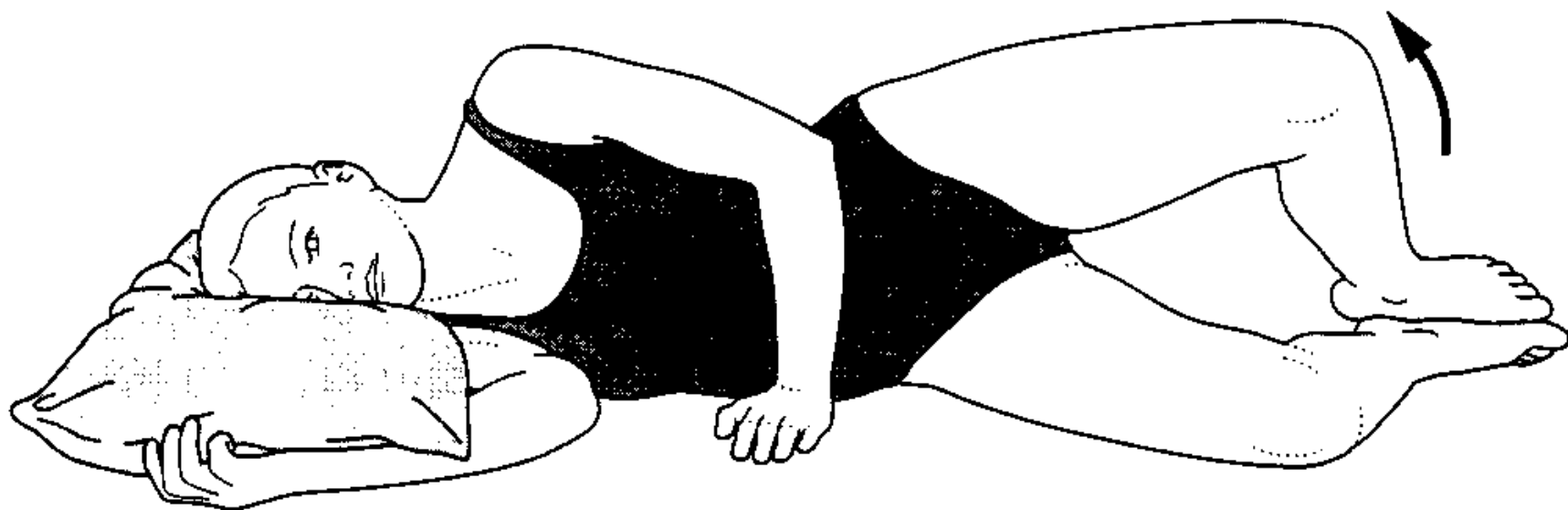
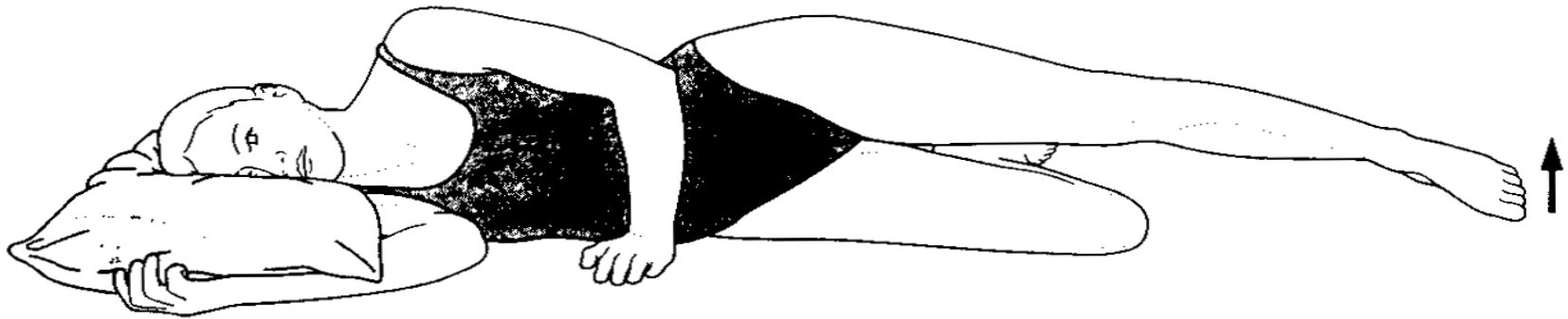


Figure 9.4 Core stability exercise.

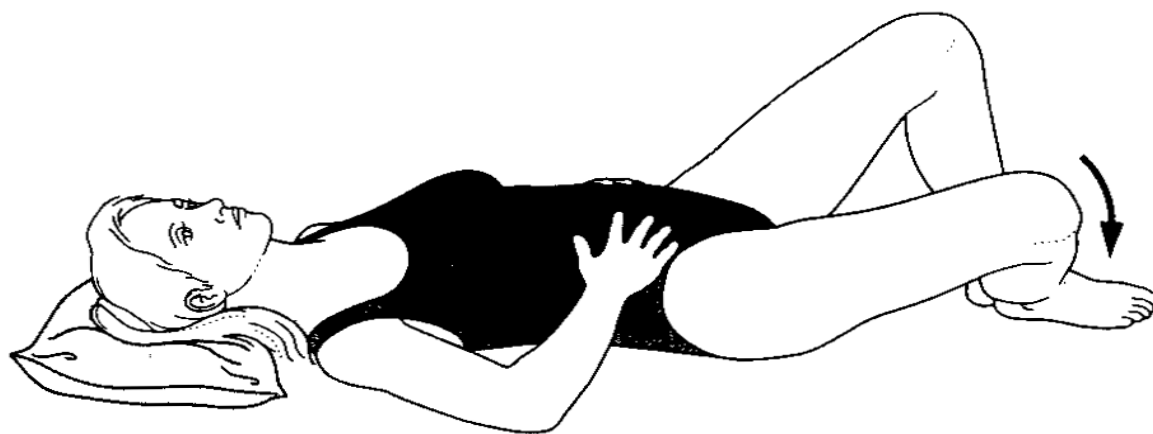


**Figure 9.5** Core stability exercise – knee raising.



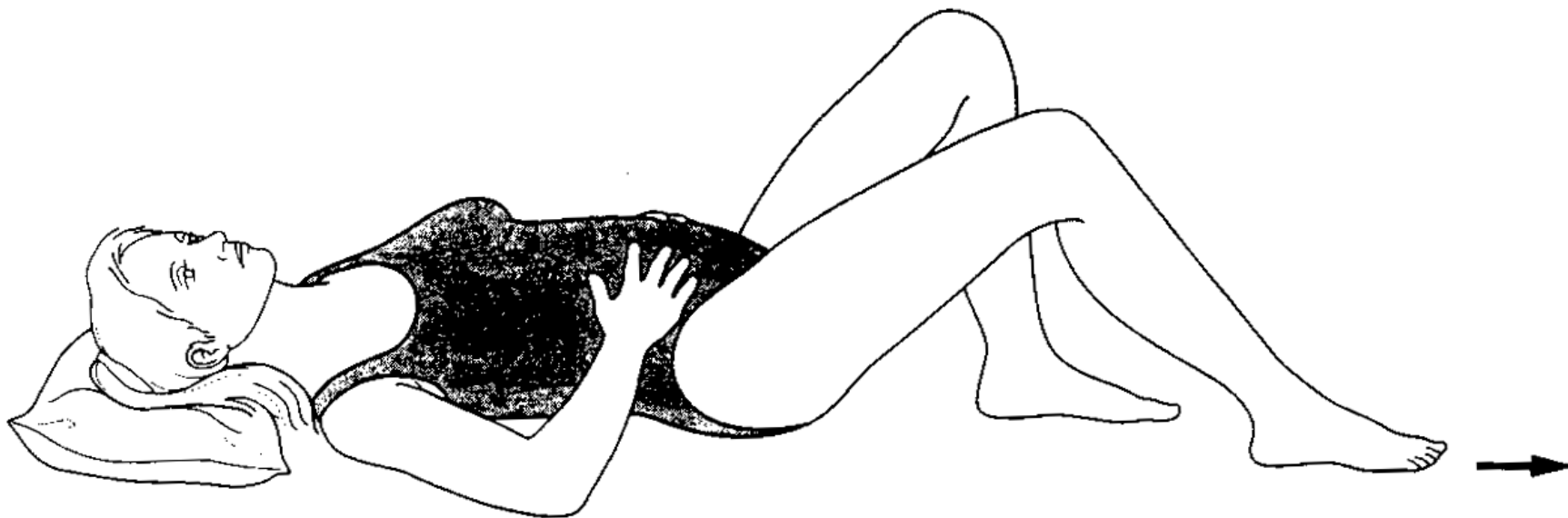
**Figure 9.6** Hip abduction in side-lying.

- In side-lying with the underneath knee bent backwards, draw in the lower abdomen and raise the top leg up towards the ceiling keeping it in line with the body. Hold for up to five seconds making sure the back and pelvis do not rotate. Repeat five times with each leg (Figure 9.6). Gradually increase the hold to 10 seconds and repeat 10 times. Over the next few weeks progress to controlling the pelvis and spine whilst lifting the leg towards the ceiling with the hip rotated outwards.

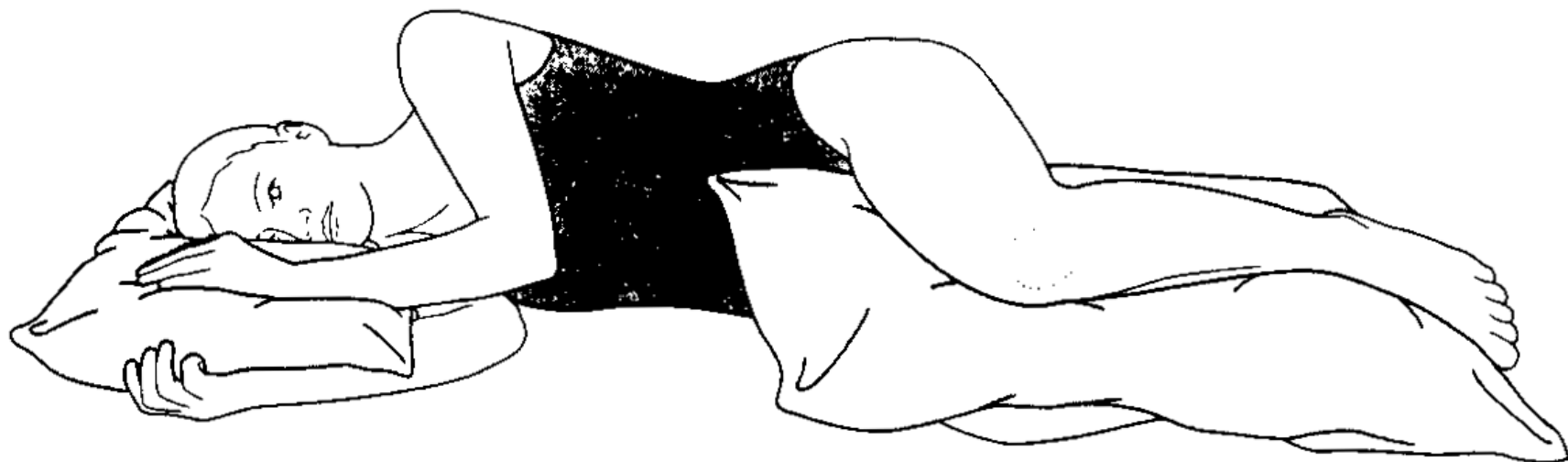


**Figure 9.7** Allowing knee to roll outwards whilst keeping pelvis still.

- In back-lying with knees bent up and feet flat on the floor. Place hands over the front of the hips, pull in the lower abdomen and let the right knee lower outwards slightly controlling it to make sure that the pelvis stay level and the back stays flat. Slowly return the knee to the upright position. Repeat five times with alternate knees (Figure 9.7). Gradually increase repetitions up to 10. Over the next few weeks, progress to controlling the pelvis as the knee is lowered further.
- In back-lying with knees bent up and feet flat on the floor. Place hands in front of the hips, pull in the lower abdomen and gently slide the heel of one leg downwards keeping the back flat and the pelvis level. Stop if the pelvis starts to move. Slowly return the knee to the bent position. Repeat five times with alternate legs (Figure 9.8). Gradually increase



**Figure 9.8** Straightening one leg whilst keeping the pelvis and back still.



**Figure 9.9** Comfortable position in side-lying.



**Figure 9.10** Prone-lying with pillow under hips.



# ➤ Post natal exercises and advice following Caesarean delivery

✱ **Circulatory exercises**

✱ **Abdominal exercises**

✱ **Pelvic floor exercises**

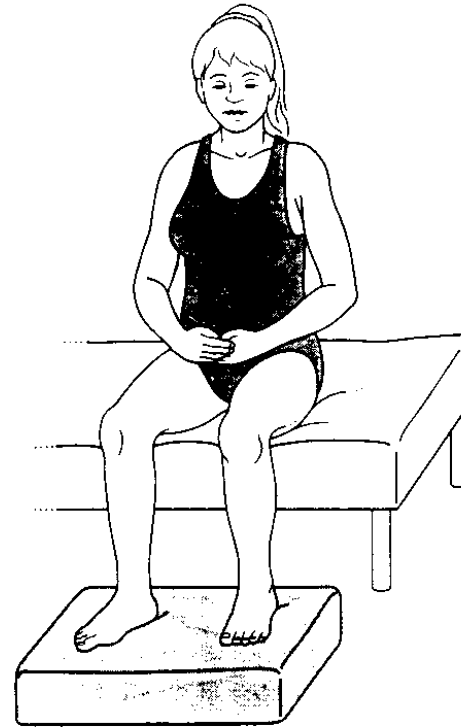


Figure 9.11 Supporting position for coughing, post-caesarean delivery.

در تمام مراحل انجام تمرین انقباض  
شکم و پیرینه در هنگام دم فراموش نشود.

➤ Post natal exercises and following Stillbirth or neonatal  
death delivery

## Exercises to avoid

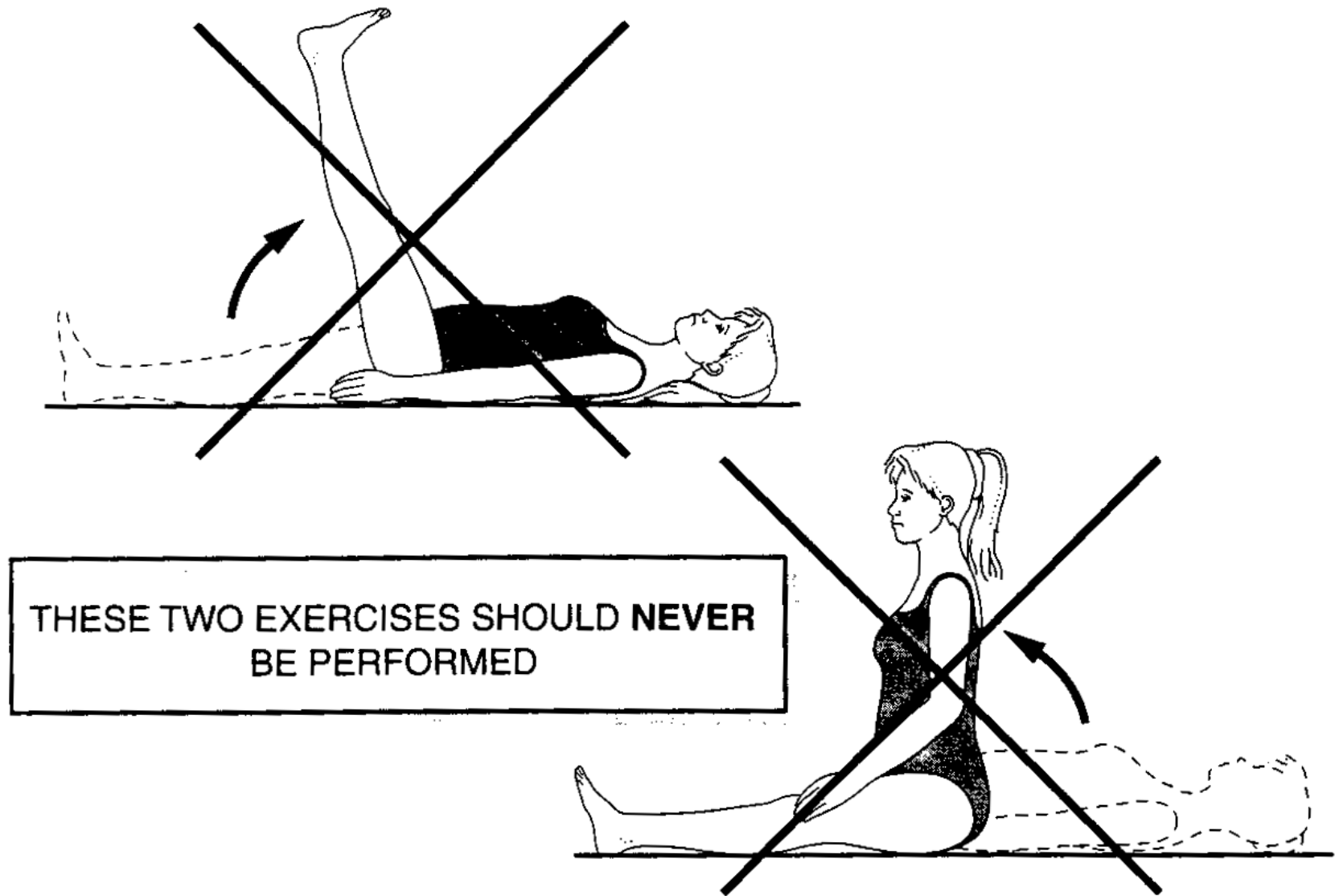


Figure 9.14 These two exercises should *never* be performed.

- اگر سزارین شده اید:
- حرکاتی که باعث بهبود جریان خون در اندامهای تحتانی می شود، مانند چرخش مچ پا را انجام دهید.
- حرکاتی که باعث فشار روی شکم می شود (خوابیدن روی شکم و بردن دستها روی سر) توصیه نمی شود.
- تنفس عمیق شکمی باعث دفع زودتر سموم و برگشت زودتر فعالیت روده ها می شود.
- نحوه بلند شدن، نشستن و خوابیدن صحیح باشد.
- شروع تمرینات بهتر است بانظر پزشک باشد.